

ESHNR MENTORING PROGRAMME

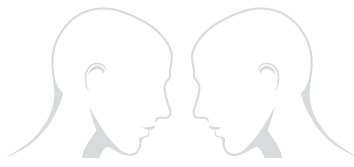
for medical students and junior trainees
Mentee Application Form (6-month term)

PERSONAL INFORMATION Please complete in block capitals.

First name	Last name
Street, number	
Postal Code	Town/City
Country	
Phone	
Email	
Alternative Email (important – please supply)	

PROFESSIONAL INFORMATION Please complete in block capitals.

Hospital/Institute/University	
Street, number	
Postal Code	Town/City
Country	
Training supervisor or Head of department (full name)	
Phone	
Email	



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FURTHER INFORMATION

1 I confirm being anywhere between a first year medical student to a third year radiology trainee.

If you confirm question 1, please indicate in which student/training year you are:

2 What aspects of head and neck radiology are you interested in learning about?

3 Have you been a mentee within a mentoring project already?

Yes

No

Give us a few details:

4 Which areas would you particularly benefit from as part of the mentoring programme?

Check all that apply and feel free to add comments.

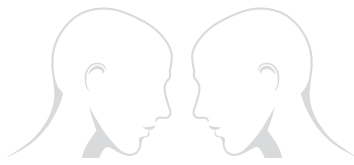
Research skills (e.g. grant application, writing papers, statistics, submitting papers for publication)

Educational advice

Clinical work (e.g. how to initiate and improve multidisciplinary meetings, protocols)

Career development and planning (e.g. work-life balance, organization, networking)

Other skills and attributes (e.g. resilience, communication, assertiveness, leadership, organization)



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DISCLAIMER AND CONDITIONS

The information provided on this form will be used by ESHNR to aid the matching to a mentor. Please confirm your understanding and acceptance of the statements below, and sign to complete the application form.

- I understand that the mentor will give feedback about the mentoring process when it is completed, which ESHNR will use to improve the mentorship programme.
- I allow for my contact details to be shared with a suitably matched mentor should the ESHNR be able to match me.
- I confirm that my local educational/training supervisor or head of department has agreed to my involvement in the ESHNR mentoring programme.
- I accept ESHNR's data protection policy as stated on the ESHNR website.
- I confirm that I am an ESHNR student member in good standing. Please apply for/renew your membership as student **before** applying: <https://eshnr.eu/membership/application-renewal/>

PERSONAL INFORMATION

Full name

Place & date

Signature